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Organizational Factors Contributing to Mental Health and Wellness in Behavioral Health Leaders

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This is to certify that the doctoral study by

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Walden University
2021

Abstract

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by

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MA, School of Education, University of Northern Iowa, 2011

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Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

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Abstract

According to recent studies a behavioral health leader's (BHL's) mental health and wellness is an important factor in an organization's ability to effectively provide mental healthcare. Mental health and wellness in BHLs lead to sustainability in their organization. Researchers have demonstrated that mental health and wellness in BHLs are factors contributing to an organization's sustainability but have not established the factors contributing to mental health and wellness in BHLs. The purpose of this qualitative single case study was to examine the organizational factors contributing to the mental health and wellness in the BHL of the organization. The Baldrige excellence framework was used to explore organizational governance, operations, and results of the organization. Using a single case study, audio and email personal communication and the organization's website were analyzed using open coding and data triangulation. The results of the study indicated themes of reliance on technology, employee accountability, and accountability systems. These identified themes are potential factors contributing to the mental health and wellbeing of the BHL. Positive social change may occur in the form of increased longevity of mental health agencies as BHLs may benefit from the results of this study through exploration of the organizational factors contributing their mental health and wellness.

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Dedication

Thank you to my husband Joe for being my co-parent, business partner, and best friend. Thank you for keeping order and peace around me through this process by being so dependable. To my wonderful daughter Monica Rose, you are my inspiration for starting this doctoral journey. I am so proud of you when you say that you want to earn a doctorate like Mommy when you grow up! I will never forget all our study sessions together at the dining room table with you completing your 3-year-old preschool, 4-year-old preschool, and kindergarten homework as I worked on this study over the last several years. Thank you to my parents Peter and Janice, and my parents-in-law Steve and Kathy. I appreciate your encouragement when this process appeared insurmountable. To Dr. Mark Arcuri, thank you for your patience with my impatience and my frequent grumblings. Thank you for your weekly reassurance that all the pieces will come together if I focus on doing my best work and that it's okay not to understand everything in the middle of the process. Finally, I acknowledge the guidance of my Second Committee Member: Dr. Derek Rohde, URR: Dr. Rich Thompson, and Program Director: Dr. Alina Perez.

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Section 1a: The Behavioral Health Organization

Introduction

Organization X was established in 2019 to provide community-based outpatient mental health services to a diverse population. The organization employs mental health clinicians specializing in working with children, adolescents, and adults with a wide spectrum of mental health needs. Organization X is incorporated as a for profit corporation located on the Eastern Seaboard of the United States. Services include 50-minute or 30-minute individual, couple, and family psychotherapy sessions. Additional services include 15-minute consultations, counseling groups, art therapy, assessments, and parent coaching. In addition to licensed mental health counselors, the organization has a provider certified in eye movement desensitization reprogramming (EMDR) and a provider certified in expressive art therapy.

Services are provided at two office locations and via telehealth. The organization serves 75-100 clients per week who are all private pay. Clients pay a fee of up to $150.00 per session. The organization does not accept private or public insurance, employee assistance plans, alternative community funding, nor offer a sliding fee scale; however, clients may submit for insurance reimbursement independently after fees are paid. The organization's business growth focuses on expanding outpatient mental health therapy services.

Practice Problem

The practice problem addressed in this capstone study was “What factors contribute to a behavioral health leader’s mental health and wellness?” The behavioral

health leader (BHL) of the organization is the owner of the business, the sole member of leadership, and a mental health therapist working directly with clients at the organization. There is a link between the mental health of the leader and the organization's ability to thrive and maintain the stability of services (Barling & Cloutier, 2017). Ineffective leadership styles have been found to contribute to occupational stress in both team members and the leader themselves (Jacobs, 2019). The behaviors that comprise the servant leadership style can be either replenishing or depleting to the leader depending upon various additional factors (Liao et al., 2020). Business owner's autonomy such as whether to open the business was their decision to make has an impact on business owner's health complaints, recovery opportunities, obstacles, and resources (Otto et al., 2020). There is very little literature or organizational practice knowledge about organizational factors contributing to mental health and wellness in BHLs.

In this study, I sought to identify organizational factors contributing to mental health and wellness in BHLs by addressing the following research question:

RQ1: What are the organizational factors contributing to mental health and wellness in behavioral health leaders?

Purpose

The purpose of this qualitative case study was to examine the organizational factors contributing to mental health and wellness in the behavioral health leader of a for profit mental health counseling agency in the Eastern Seaboard of the United States of America. I used the well established Baldrige excellence framework (see National Institute for Standards and Technology [NIST], 2017). The Baldrige excellence

framework is designed to improve organizational performance and obtain sustainable results. This framework does not focus on the individual BHL but rather on the organization. Sources of information to meet the purpose are a preliminary fact finding meeting with the BHL, emails between the BHL and myself, Organization X's website. Two semi structured qualitative interviews with the BHL were planned but were not able to be attended by the BHL. The following secondary documents were requested from the BHL but were unavailable from the organization: mission statement, vision statement, purpose statement, policies and procedures manual, accountability procedures and forms, employee annual review form, exit interviews, strategic plan, hiring process and interviewing questions, written accountability process, and auditing procedures.

Significance

According to Barling and Cloutier (2017), a link exists between the mental health of the leader and the ability of organizations to thrive and to continue to provide services. Mental health leaders who use ethical leadership and transformational leadership play a crucial role in managing service improvement initiatives as well as increasing the quality of care to patients and the community (Jambawo, 2018). Burnout in leadership can appear as depersonalization, detachment, and isolation and can cause leaders to derogate other people, put them down, or ignore patients and employees (Rogers, 2020). The results of this capstone study may contribute to Organization X and improve outcomes by presenting organizational strategies grounded in current scholarly literature that may contribute to a BHL's mental health and wellness.

The organizational factors contributing to mental health and wellness in behavioral health leadership identified in this research study may inform the development of training and interventions for increasing health and wellness in other behavioral health leaders with evidence of transferability established. Study recommendations may also provide recommendations for future research on additional organizations with different BHLs.

Social Change Impact

The results of this capstone study may contribute to positive social change by identifying factors that contribute to a BHL's mental health and wellness. Improved mental health and wellness in BHLs may help their organizations to thrive and continue to provide services. This study's recommendations may be used to help the BHL better understand what factors are contributing to their mental health and wellness and thus also may help them continue to provide mental health services and thrive. For results to be useful for other BHLs in the field or to use findings for training, the study must have generalizability or transferability to the larger population (Barnes et al., 2021). Thick description is one technique used in this study to increase the transferability of the study and increase the potential for social change (Barnes et al., 2021). Another technique used to increase generalizability and transferability in this study was to research other similar studies and compare their results with the results of this study for continuity (Barnes et al., 2021).

Summary

Organization X provides outpatient mental health care to clients of all ages in a for profit mental health counseling agency located in the Eastern Seaboard of the United States of America. Research suggests that a BHL's mental health and wellness is important for an organization to improve the services provided to the community and to thrive. I explored the organizational factors contributing to mental health and wellness in a behavioral health leader in a for profit mental health counseling agency. Findings, as well as recommendations for a plan of action, will be presented to a BHL proxy in an executive summary. Section 1b contains an in depth organizational profile for Organization X.

Section 1b: Organizational Profile

Introduction

The specific organizational problem addressed in this capstone study was "What factors contribute to a behavioral health leader's mental health and wellness?" The purpose of this qualitative case study was to examine the organizational factors contributing to mental health and wellness in the behavioral health leader of a for profit mental health counseling agency. I sought to address the following research question:

RQ1: What are the organizational factors contributing to mental health and wellness in behavioral health leaders?

In Section 1b, I discuss the strategically important organizational profile and key factors. I also provide the background and context of the organization.

Organizational Profile and Key Factors

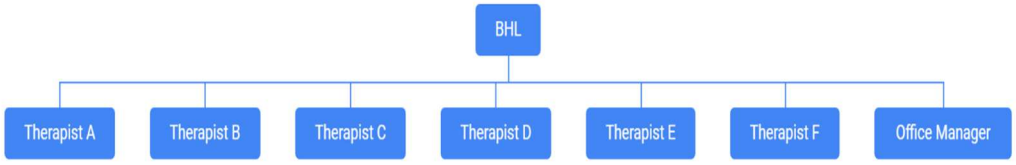
Organization X was founded by the BHL in 2019 after 9 years of practicing as a private practice independent mental health clinician. The organization is a sole proprietorship limited liability company (LLC) with 100% ownership maintained by the BHL. The organization consisted of ten mental health therapists, a virtual office manager, and the BHL (BHL, personal communication, September 29, 2020). As I have demonstrated in Figure 1, each of the mental health therapists and the office manager reported to and were supervised directly by the BHL.

The office manager is not in a leadership role. They are not responsible for the therapists or able to give them directives. The office manager's role was administrative in nature performing tasks such as answering and returning client phone calls and sending

out bills when requested. The office manager is therefore depicted in the chart as horizontal to the therapists because they are all managed by the BHL and neither has authority nor responsibility for the other.

Figure 1

Organization Chart



Key Factors

Leadership Stability

Stability can be created through staffing, budgeting, problem solving, and control over an organization (MacGillivray, 2018). MacGillivray (2018) proposed that managers crave stability, whereas leaders value creativity and agility over lack of change. There is only one leader within the organization. The organization is 100% owned by the BHL. Leadership stability is high at the organization because if the BHL were to leave the organization, the organization would cease to exist. In the preliminary interview, the BHL expressed a desire to grow and scale the organization but expressed a belief that more managers and more employees would add to their workload and become unmanageable.

Information Technology

The organization uses several suppliers for information technology for administrative functions and telehealth counseling. The organization has a website that is

hosted by a supplier and designed by a website designer. The organization provides a kiosk in the waiting room for clients to check-in for their appointments hosted by an outside company. The organization uses an email server, an electronic health record (EHR) software to house client data, and a phone call tracking system. The organization uses a third party company as a platform for telehealth sessions on the computer.

Multilevel Oversight and Supervision

The BHL is a supervisor towards full licensure to the temporarily licensed mental health therapists within the organization. The BHL has been licensed for over 3 years, which qualifies them to provide licensure supervision in the state that the organization conducts business. The BHL also administratively supervises the office manager and all the therapists.

The BHL is required to follow the Code of Ethics enforced by the Board of Professional Counselors and Therapists in the state that the organization does business. This code of ethics includes licensure supervision requirements and conduct. The BHL is additionally required to follow the United States Department of Health and Human Services for maintaining the protection of the protected health information (PHI) of all clients of the organization. The organization does not accept private insurance, so they are not responsible for the regulations of public or private insurance companies.

Workforce Turnover and Engagement

When the organization's website was reviewed in September of 2020, 10 licensed providers including the BHL were published on the website as available to schedule sessions. On December 21st, 2020, six licensed providers including the BHL were

published on the website. As of September 26, 2021, five licensed providers including the BHL were published on the website. In the preliminary interview, the BHL expressed concern about turnover in a past business. The BHL stated that their past business had accountability measures for employees, and this resulted in high turnover which they would like to avoid at Organization X.

The organization engages employees with regularly scheduled meetings whereby the BHL's concerns are discussed with the employees. Temporarily licensed therapists additionally receive licensure supervision from the BHL and the team communicates via email, text, and via the EHR software.

Stakeholder Communication and Engagement

The organization has one owner and five employees who are the organization's primary stakeholders. The business leases two offices and therefore has two landlords that are stakeholders. The organization's website adds that they have received referrals from community school personnel, several local hospitals, as well as a variety of community physicians. These referral sources are also stakeholders in the organization.

Quality Management

Some mental health counseling agencies rely on quality management audits from insurance companies and state credentialing agencies. Organization X is not credentialed with the state and does not accept state insurances of Medicaid or Medicare. Organization X does not have insurance audits because clients pay for the services provided. Organization X does not empanel with private insurance companies and therefore is not audited by insurance providers.

Financial Management

The BHL is the sole proprietor of Organization X. For many sole proprietors, this means that the finances of the organization are counted by the government for tax purposes as the owner's business income (Internal Revenue Service, 2021). This may or may not be the way that Organization X is taxed. The financial management processes of an organization often include budgeting, profit, and loss statements, whether they choose to utilize use debt or not, debt to income ratios, bill pay, payroll, accounting, tax processing, and other factors (NIST, 2017).

Clients of Organization X are all private pay. Clients pay a fee of $150.00 per session. The organization does not accept private or public insurance, employee assistance plans, alternative community funding, nor do they have a sliding fee scale. Clients may request a superbill through the website to submit to their insurance companies for reimbursement. In this way, the organization is not financially dependent on insurance payments. Therefore, changes in state or private insurance requirements or billing processes will not impede cash flow to the organization.

Organization X may or may not have tangible assets but has many intangible assets. Tangible assets are physical assets such as inventory, vehicles, equipment, or buildings (Greco et al., 2013). The organization's two office spaces are leased. The phone systems and check-in kiosk technology are paid per monthly subscription. The organization may or may not own the office furniture and decor.

Intangible assets are an important factor in small businesses (Savolainen et al., 2019). Parameswaran (2020) found that a model of strategic human resource

development (SHRD) was effective in building the human capital of an organization. Human capital is comprised of the knowledge, management, creativity, professional development, efficiency, training, competencies, and qualifications of an organization's employees. Human capital is a key resource in building consumer trust in an organization. Behavioral health organizations may not require machinery or inventory to operate, so human capital is an asset to be intentionally grown and curated by the BHL. The BHL holds a master's degree and a full license to practice mental health counseling that allows them to provide supervision toward licensure for newly graduated providers. This is an intangible asset of the organization.

Compliance and Ethics

The BHL and all the mental health therapists are expected to adhere to the American Counseling Association Code of Ethics for counseling practices. The organization is additionally held to compliance with the Department of Health and Human Services to keep PHI protected for their clients. The organization does not impanel with insurance companies. Clients can submit to their insurance companies for reimbursement for sessions they have paid for, but the organization is out of network with insurance companies and does not accept Medicaid or Medicare insurance unless the client is willing to pay privately for the session. Organization X, therefore, does not have to comply with health insurance company regulations or state credentialing regulations to accept state insurance. They do not have insurance audits because they are not in network with insurance companies.

Service Segments

Organization X offers outpatient mental health therapy, EMDR, expressive art therapy, group counseling, mental health assessments, and parent coaching. All the services provided by the organization are available in person in either of the two office locations or virtually through telehealth. Funding is through client self-payment for services.

Outpatient Mental Health Therapy

Organization X offers outpatient mental health therapy to adolescents, children, and adults of all ages with a wide spectrum of mental health needs. Services include 50-minute and 30-minute individual, couples, and family psychotherapy sessions as well as 15-minute consultations. The organization serves 75-100 clients per week who are all private pay. The organization's primary client demographic is adolescents because the owner intentionally hires therapists in their early 30s to be more relatable to teenagers.

Eye Movement Desensitization Reprogramming (EMDR)

The organization has a mental health therapist that is certified in EMDR. EMDR is an eight phase, evidence based psychotherapy treatment for the healing of emotional distress and symptoms caused by past trauma and emotional pain (EMDR Institute, Inc., 2020).

EMDR certification requires the completion of a 12-week semester of classes and post graduate training sessions over two weekends (EMDR International Association, 2020). In addition, an individual must complete 20 hours of supervised practicum and 10 hours of consultation before they can practice EMDR.

Expressive Art Therapy

Organization X employs a provider certified in expressive art therapy. An art therapist must hold a master's degree or higher in art therapy. Art therapy is a creative process that uses the creation of artwork in the therapeutic healing process (Art Therapy Credentials Board, Inc, 2021). Art therapy is effective for all ages and persons experiencing developmental, speech, medical, language, social or educational impairment (Art Therapy Credentials Board, Inc, 2021).

Telehealth

Telehealth is an option for many organizations have implemented because of the COVID 19 pandemic and the lifting of restrictions by insurance companies to keep their clients and professionals safe and socially distanced when possible. Because Organization X does not accept insurance, clients may be able to continue telehealth indefinitely, especially for those clients on a private pay system. Telehealth mental health counseling offers the flexibility of location but has greater potential for distractions and risks to confidentiality (CPH & Associates, 2021).

Workforce

According to Organization X's website, as of December 2020, the organization employed six licensed mental health counselors and an office manager who works remotely. The company's providers held the following state licenses: licensed clinical professional counselor (LCPC, *n*=1), licensed clinical professional art therapist (LCPAT, n=1), and licensed graduate professional counselor (LGPC, *n*=3). The BHL self designates as a licensed clinical professional counselor – supervisor (LCPC-S, n=1) on

the organization's website. The BHL provides supervision for the providers at the clinic that need supervision toward a full independent license. The BHL provides mental health counseling services to clients.

I have demonstrated this workforce in Table 1 as listed on the organization's website in December 2020.

Table 1

Organization X Work Force

Licensure Type	Number of Employees with this Licensure
LCPC-S	1
LCPC	1
LCPAT	1
LGPC	3
No Clinical License	1

Mission, Vision, and Values

Mission statements tell a team the "why," of the work that is being done (Cole, 2016). Cole (2016) said that the why gives team members a common purpose and a sense of direction when striving for an organization's goals. Mission statements are fundamental in coordinating managerial activity and the origin of the implementation process (Esi, 2016). Values statements set a clear expectation of how an organization functions and the most important standards for behavior and decisions. Vision statements tell a team where an organization is going. The vision statement should be approachable,

specific, and emphasize the core values of an organization (Esi, 2016). Mission statements, vision statements, and values statements increase accountability among team members, give a shared sense of purpose, and give team members a sense of belonging if their values are in alignment with those of the organization (Esi, 2016). Organization X does not have a written mission, vision, or purpose statement.

Governance, Structure, and Strategic Plan

Organization X is a sole proprietor LLC owned 100% by the BHL. There are no other managers. The organization had an office manager and ten licensed therapy clinicians who are all supervised by the BHL. The BHL also performs direct clinical services. The structure and the strategic plan of Organization X were unable to be explored in the interview and secondary data collection process.

Suppliers and Partners

The organization uses several suppliers for technological needs and leases two offices from private landlords. The organization offers telehealth counseling on a servicing platform provided by an outside agency. The organization has a website that is hosted by a supplier and designed by a website designer. Each office location has a kiosk in the waiting room for clients to check in for their appointments. The organization uses EHR software to house client data and a phone call tracking system.

The organization's website indicates that referrals have been made from community school personnel, several local hospitals, as well as a variety of community physicians. One is a top ranked hospital in the United States for combined adult and pediatric care. The hospital offers a multitude of specialties including psychiatry and

behavioral health which offers inpatient, school based, and outpatient child and adolescent psychiatry, adult psychiatry, and substance abuse treatment services at three locations across the state.

Another referring facility offers a variety of inpatient and outpatient medical services at 22 campus locations across the state. Programs offered by this institute are autism and related disorders, child and family traumatic stress, child and family support, psychiatry, social work and behavioral psychology. Another referral source serves over 70,000 people per year in 15 counties across the state. Mental health services are also provided at this organization along with a trauma disorders program, an eating disorders program, a neuropsychiatry program, and a psychotic disorders unit.

Competitive Environment

A search for the organization's competition was made on the *Psychology Today* website. Search results for mental health therapists in each of the two zip codes of the onsite locations yielded 26 available mental health therapists in the first zip code and 168 available mental health therapists in the second zip code. When I narrowed this search to the organization's primary demographic (adolescents), 22 mental health therapists were presented at the first location, and 106 therapists were presented at the second location. When I narrowed this search further for organizations offering EMDR services to adolescents, 20 mental health therapists were available in the first zip code and 20 mental health therapists were available in the second zip code. The website offered therapists from across the state that is available for telehealth counseling services. The addition of telehealth mental health counseling sessions has created an environment whereby

Organization X not only competes with other mental health therapists in the geographical location but additionally with mental health therapists from across the state.

Organization Background and Context

I met with the BHL of Organization X on September 29, 2020, for a preliminary fact finding meeting to clarify the practice problem and the organization's need for the study. The BHL expressed frustration with employees not following the rules of the organization such as not returning phone calls, emails, and requests from the website in a time frame that the BHL found acceptable, forgetting to batch their sessions every evening so that the sessions for the day went to billing, forgetting to check the waiting room to greet their clients, not communicating to the BHL and the office manager when therapists were going on vacation, and giving out the office manager's personal phone number to clients. The BHL expressed a change in their outlook on employees from the time that they (the BHL) started in the mental health counseling field to now that they are a BHL. The BHL stated that they used to be very optimistic and want to save the world and now they feel more cynical about people. The BHL expressed dissatisfaction with the feeling that they must follow up with their employees and prompt them multiple times to do work tasks. The BHL reported a feeling that growth and expansion were desirable but felt impossible because if the BHL is not there to watch everyone, everything would go wrong, and clinical care would suffer. The BHL expressed frustration with the human resources aspect of the organization stating that they must create technology based systems to try to mitigate human error in Organization X's employees. In the preliminary

interview, the BHL expressed worry about having turnover at Organization X based on past professional experiences.

Summary and Transition

In section 1a, I introduced Organization X. I stated the practice problem and examined the gap in the current literature. I discussed the purpose and the significance and social change impact of this capstone study. In section 1b, I provided an organizational profile and summary of key factors such as the service segments of the organization, mission, values and vision statements, governance structure, strategic plan, stakeholders, the organization's need for the study, staffing, assets of the organization, and referral sources. In Section 2, I present a review of the literature related to this study.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

The organizational problem that inspired this study was "What factors contribute to a behavioral health leader's mental health and wellness?" The purpose was to examine the organizational factors contributing to mental health and wellness in the behavioral health leader of a for profit mental health counseling agency through a qualitative case study. The research question was:

RQ1: What are the organizational factors contributing to mental health and wellness in behavioral health leaders?

Findings from this study may contribute to positive social change by providing BHLs with the knowledge to increase or decrease factors in their lives to improve their mental health and wellness. Improved mental health and wellness in BHLs can improve an organization's ability to serve a community's mental health needs.

Section 2 contains a review of the supporting literature covering organizational factors contributing to mental health and wellness in BHLs. The organization's leadership strategy and assessment are analyzed, the clients, and populations served are explored. I describe the analytical strategy contained in the literature review.

Supporting Literature

I conducted a systematic review of the relevant literature published between 2015 and 2021 using Walden University's scholarly institutional databases as detailed in Table 2. In addition, non scholarly sources including Google, Google News, and Glassdoor.com

were searched for additional information about the organization and the organization's BHL. A synthesis of the literature follows.

Table 2

Scholarly Databases and Search Terms

Scholarly Databases	Search Terms
SAGE Journals Proquest Health	Behavioral health leaders and exhaustion or fatigue or longevity and wellness; business owners or leaders and decision fatigue or burnout or stress.
Academic Source Complete	Leader or manager or supervisor or executive or director or administrator and mental health and wellness; key factors and employee engagement; state licensure and mental health counseling or therapy or counseling; leadership styles in healthcare
Business Source Complete	Mental health counselor or therapy or counseling and organization or business or company or corporation or workplace and assets or equipment; mental health or mental illness and leadership or management and assets; employee retention or employee turnover and mission statements and vision statements; sole proprietorship and organizational structure; organizational structure and accountability; sole proprietor and accountability; and sole proprietor and organizational structure

Organizational Factors Contributing to Mental Health and Wellness in Leadership

The organizational factors potentially contributing to mental health and wellness in behavioral health leadership examined were to be family and private life, managerial stress and accountability measures, managerial competence and accountability, leadership styles, perceived job fit, job satisfaction, decision fatigue, and entrepreneurial exhaustion. These factors were identified for further analysis based on the current literature available. These factors were not able to be studied as the qualitative interviews were not completed. In this section, I discuss each of the potential factors and the research literature available on each factor.

Family and Private Life Factors in Leadership

Health care professionals' work-private life conflicts are significantly associated with stress symptoms, job satisfaction, burnout symptoms, quality of sleep, intention to leave an organization, and general health status (Peter et al., 2021). Managers' wellbeing affects their work performance (Matsveru & Meylahn, 2018). Family support is also important for improving wellbeing and work performance (Matsveru & Meylahn).

Work and private life compatibility are associated with an employee's ability to control their schedule, the amount of consideration to the employee's preferences provided by the job, the number of work shifts per weekend, and the number of working hours per week (Peter et al., 2021). Work-family conflict has a significant relationship with entrepreneurial failure (Xiaoyu et al., 2020). Perceived control of time and organizational slack are protective factors moderating the relationship between work-family conflict and entrepreneurial failure (Xiaoyu et al., 2020).

A person's work life and personal life is not separate but part of a whole human being (Guillory, 2001). Integrating the needs and activities of work and personal life are essential to the quality of life in employees. Focus points for balancing work-life activities are necessity, practicality, efficiency, and spontaneity. Spirituality is a source of actions that serve the best interest of an individual and an organization (Guillory, 2001).

Managerial Stress and Accountability Measures

Providing negative feedback to employees can add to managerial stress (Burk & Wiese, 2021). The managerial task of providing negative feedback to employees as required when providing disciplinary action and having a standardized accountability system has been shown to increase both testosterone and cortisol temporarily (Burk & Wiese, 2021). Organizations and leaders that use multiple systems instead of one single management system or accountability system create wasted time, energy, and resources (Susca, 2020).

The level of management of a BHL is a factor in employee health (Singh & Prakash, 2019). The differences in the level of management account for 10% of the variation in an employee's psychological health and wellbeing. The behavioral and emotional health of an employee is impacted by the level of management more than physical health is impacted. The BHL of Organization X is performing tasks at all levels of the organization, serving as president, upper manager, middle manager of both clinical and administrative processes, and provider. A negative relationship exists between low levels of occupational identity. The higher an employee's occupational identity, the higher are factors for burnout (Hamouche & Marchand, 2021). Because each level of

management has unique challenges and stressors, the BHL is simultaneously performing tasks and holding responsibility at all levels of the organization. The BHL is the founder of the organization. They are the sole decision maker and the sole manager of the organization. The BHL's occupational identity may be high, which would increase their risk factors for burnout.

Managerial Competence and Accountability

Leaders with power within their organizations act in less self-serving ways when there is accountability for leadership as compared with a group without accountability measures in place (Rus et al., 2012). The main managerial competencies for health care organizations are quality evaluation based on outcomes, enhancement of professional competencies, process management lead programming, project cost assessment, informational communication style, and participatory leadership (Fanelli et al., 2020).

Managerial competence indirectly influences performance in small enterprise settings (Zacca & Dayan, 2018). Entrepreneurial orientation (EO) and willingness to change are mediating factors in the link between performance and managerial competence (Zacca & Dayan, 2018).

Leadership Styles

Leadership skills are important to job satisfaction (Alqahtani et al., 2021). Job satisfaction is positively and significantly correlated with the laissez-faire leadership style (Alqahtani et al., 2021). Leadership style does not influence levels of state anxiety among subordinates over a 6-month time lag (Nielsen et al., 2019). Existing anxiety states predicted a decrease in transformational leadership and an increase in laissez-faire

leadership over time. Nielsen et al. (2019) postulated that the preexisting state of subordinates can impact the leadership style of the leader, instead of the other way around.

Abusive leadership and destructive leadership are two forms of ineffective leadership styles that result in occupational stress for team members and leaders (Jacobs, 2019). Transformational leadership is characterized as motivating followers toward a common goal and away from working solely to provide for their interests (Jambawo, 2018). Ethical leadership is characterized by care for people and the public and displays it through honesty, integrity, and respect as a moral role model (Jambawo, 2018). Emotional intelligence and capacity are requirements of mental health leaders to motivate and encourage staff. Jambawo (2018) noted the need for leaders to include a mental health perspective in their leadership style.

Servant leadership is a way of being and not just a way of acting (Rogers, 2020). Servant leadership is characterized by an honest desire to help the team and to help patients. Servant leadership is hard work and takes commitment, however, it has been shown to reduce the likelihood of burnout of the BHL. Perspective taking is a determining factor in whether a servant leadership style is experienced as taxing or invigorating for leaders (Liao et al., 2020). Without perspective taking, servant-leadership can be draining to mental health and wellness in a BHL.

Laissez-faire leadership is sometimes referred to as delegative leadership (Nielsen et al., 2019). A person who uses laissez-faire leadership sets boundaries so that the employees do not hurt the company or violate regulations, but rather allows them the

autonomy to be creative and use their skill sets (Nielsen et al., 2019). Laissez-faire leadership provides autonomy, freedom, and trust that the core responsibilities and requirements of the organization are being completed.

The leader-member theory is based on the idea that the relationship between a leader and an employee highly impacts the psychological health and experiences of the employee (Karanika-Murray et al., 2015). Leadership also impacts employees' perceptions of their work through establishing safety rules and creating accountability to following the rules.

Transactional leadership is a style focused on creating structure, organized systems, routines, and clearly defined requirements (St. Thomas University, 2018). A transactional leader can inspire and support others to their best performance, wellbeing, personal and professional growth (Guillory, 2001). Transactional leaders facilitate an attitude of success, empowerment, and self-discipline in coworkers (Guillory, 2001). Transactional leadership requires that leaders be very clear about expectations of a team's behaviors, processes, and systems (Guillory, 2001). Goal setting and clarification of goals is an important process in transformational leadership (Guillory, 2001).

Transformational leadership can have positive or negative impacts on mental health care organizational culture and one variant is how transformational leaders rate themselves and their providers as well as how providers rate themselves and their leadership (Aarons et al., 2017). In Aaron's (2017) study, organizational culture was negatively impacted when supervisors rated themselves more positively than providers.

Conversely, in Aaron's (2017) study, supervisors who rated themselves lower than their providers rated them were associated with improved organizational culture.

Transformational leadership is beneficial when combined with an ethical leadership style that creates organizational culture and positive outcomes in mental health and behavioral health organizations (Jambawo, 2018). Transformational leaders must demonstrate moral and ethical behaviors such as treating others with dignity and respect and being honest with team members. Whereas transformational and ethical leadership styles have different positive outcomes within behavioral health organizations, transformational leadership is much more effective when centered around a base of ethical leadership (Jambawo, 2018).

Abusive leadership decreases innovation and job security in employees (Wang et al., 2019). Internal locus of control in the employee appeared to be a barrier or buffer to the negative impacts of an abusive leadership style on employees. Ronen and Donia (2020) believed that an abusive leadership style leads to lower autonomous motivation, increases counterproductive job behaviors in employees, and increases intentions to quit the job.

Perceived Job Fit

Job fit perceptions have been shown to relieve work strain, health problems, and other work related challenges (Huang & Simha, 2018). Lack of job fit perceptions in the work environment can threaten mental health and job performance. Perceived job fit has been compared with supervisor support, person-organization fit, and increased company

value (Dhir & Dutta, 2020). Empowering leader behavior is positively associated with the person-environment fit (Redelinghuys et al., 2020).

Job Satisfaction

Picco et al. (2017) reported that job satisfaction was positively correlated with the 47-item Positive Mental Health (PMH) instrument in an online survey of 462 health care workers. The BHL of Organization X is not only the owner and sole supervisor of the company but also a mental health care worker who provides direct client care in addition to leadership responsibilities. Job control is the most consistently linked factor to job satisfaction, psychological distress, and depression (Elliott et al., 2017). Intentional improvements to job control can increase job satisfaction and decrease psychological distress and depression in team members (Elliott et al., 2017).

Decision Fatigue and Entrepreneurial Exhaustion

Decision making in small businesses can have either a positive or a negative impact on a business owner's health depending on whether the decision was made based on internal or external factors or circumstances (Otto et al., 2020). Entrepreneurial exhaustion is a hindrance to decision making, identifying opportunities, persevering, and cognitive functioning (Murnieks et al., 2020). Sleep hygiene and mindfulness exercises are effective at decreasing entrepreneur exhaustion (Murnieks et al., 2020).

Telehealth

Some benefits of telehealth for clinicians are flexibility of location, ability to serve clients in other geographical locations, more flexibility in scheduling, and alignment with personal preference (CPH & Associates, 2021). Telehealth also provides

a client with the ability to choose a location they are comfortable in, avoid transportation barriers, save time and money on not driving to the therapy office each week, participate in sessions while on vacation or traveling, and engage in real time monitoring (CPH & Associates, 2021).

Telehealth technology can be a challenge for both clinicians and clients (CPH & Associates, 2021). Distractions in either individual's environment such as pets or children can interrupt clinical work. Nonverbal communication is more difficult to assess online than it may be in person. Challenges also arise surrounding confidentiality because of the potential for difficulty in getting paperwork signed or preventing other people in the household from hearing the therapy session. However, virtual visits may enhance the therapy in some situations by seeing the client in their environment and including family members if the client so chooses.

Sources of Evidence

I had planned to build a firsthand understanding of the factors impacting mental health and wellness from the perspective of the lived experiences of the BHL of Organization X using two semi structured, qualitative interviews. In addition, to interview responses, I requested secondary data to understand how the BHL governs, communicates, makes decisions, and structures the organization. The interviews were not able to be attended by the BHL and the organization did not have the company documents requested. Secondary data did include the company's website. A list of company documents that were requested from the BHL follows:

- Policies and procedures manual to better understand the written procedures and policies.
- Accountability procedures and forms to understand the written procedures for accountability within the organization.
- Employee annual review form to better understand how team members are reviewed.
- Exit interviews to understand the circumstances and process for employee termination.
- Strategic plan to understand the company's strategy and goals.
- Hiring process and interview questions to understand how hiring decisions are made.
- The written warning process to understand how accountability measures are implemented.
- Auditing procedure to understand how external requirements impact decision-making, accountability, and how the organization prepares for external audits.

Collection and Analysis

Interviews are a mainstay of qualitative data collection because to provide individualized, complex, rich, deep data (Ravitch & Carl, 2016). I sought to develop detailed descriptions of firsthand experience and perspectives of the BHL. Semi structured interviews are used when a researcher has a specific topic and a limited number of questions prepared in advance of the interview (Rubin & Rubin, 2012). In contrast, an unstructured interview begins with general topics to discuss but questions are

created during the interview. I chose a semi structured interview process for this study because I wanted to be able to focus more narrowly on the factors that will inform the research problem. The BHL was unable to attend the scheduled semi structured interviews on May 14th, 2021, and May 27th, 2021, so I was unable to utilize this method of data collection.

Qualitative documents were to be used as secondary sources of information. Examples of qualitative documents include newspaper reports, minutes of meetings, and private documents such as letters, emails, company policies, and forms. (Creswell, 2014). The benefits of using qualitative documents in a research study are that they can be less intrusive, less time consuming than interviews for the subjects, and do not need to be transcribed (Creswell, 2014). Utilizing qualitative documents in addition to the interviews with the BHL would have saved time for transcribing. A limitation of using qualitative documents in a study may be that some materials may be incomplete, inaccurate, inauthentic, or difficult to find (Creswell, 2014). This limitation occurred in this study as the secondary documents requested were not available from the BHL.

For results to be useful for other BHLs in the field or to utilize findings for training, the study must show evidence of generalizability to the larger population (Barnes et al., 2021). To mitigate potential errors that risk generalizability such as inadequate questions, disrupted data collections, misunderstanding the participant, or inaccessibility, I planned to compare the results of similar studies with the results of this study as recommended by Barnes et al. (2021). In qualitative studies, generalizability is challenging because the focus is more on understanding the specific case. In this case

study, my focus was to be on exploring and understanding Organization X and its BHL specifically.

Barnes et al. (2021) made a distinction between generalizability and transferability stating that transferability may be more accessible for qualitative studies than generalizability. Generalizability implies that others in the general population will share the experience of the case study subject, while transferability invites others who have similarities with the case study subject to reflect on the case study subject's experience and take from it pieces that might be reminiscent of their own experiences (Barnes et al, 2021). One technique to improve transferability is utilizing thick description (Barnes et al., 2021). Thick description is achieved by providing as much detail as possible about the subject, the interviewing process, and other contextual data that may provide enough information to others that they might be able to envision how the study might apply to their situation (Ravitch & Carl, 2016). Transferability may be possible in this study as sole proprietor BHLs of small, nonprofit mental health counseling organizations in the United States might be invited to make connections between the experience of the BHL subject of this study and the factors that contribute to their own mental health and wellness as BHLs.

Leadership Strategy and Assessment

The organization did not disclose a leadership strategy or means of assessment on its website. The BHL uses technology to create processes. The BHL conducts regularly scheduled team meetings with all employees to discuss agency business, announcements, and concerns.

Key Strategic Challenges

The BHL identified some key strategic challenges in the preliminary interview. These challenges are:

- How to strategically manage employees with technology
- How to manage patient flow
- How to strategically address client dissatisfaction
- How to improve employee behaviors

Clients/Population Served

The BHL recruits and hires younger therapists in their early 30s to be more relatable to teenagers. Although the organization provides outpatient mental health therapy to children, teenagers, and adults, treatment of adolescents is the primary focus of the organization. The organization serves 75-100 clients per week.

Protection of Client Information

Organization X's website offers a means for potential clients to enter their contact information and schedule an appointment with a clinician. Several methods can be used to protect client information when using technology in healthcare services: the anonymity model for privacy protection for data collection, the threat model to protect the client-server-to-user side, and the anonymity notion that resists a possible attack (Li et al., 2018).

Organization X experienced a security breach in early 2021. The EHR system that the company uses to store client information including progress notes and credit card information was hacked and information was vulnerable to third parties. The organization

switched EHRs and transferred client information to a more secure EHR. The U.S. Department of Health & Human Services (2021) requires compliance with the HIPAA Privacy Components of the Privacy and Security Toolkit.

Client Engagement and Relationships

Training, system level supports, and individually developed engagement strategies are important to increasing client engagement with mental health services (Starks et al., 2020). Strategic use of potential court involvement combined with a voluntary program has shown to increase voluntary patient engagement in mental health patients (Starks et al., 2020).

I was unable to find a Facebook, Instagram, or Twitter account for this organization. Given that the organization focuses mainly on working with teenagers, a social media presence may be a means of engagement and relationship building with clients and their families. An electronic or printed newsletter is another way that organizations may communicate with and engage their clients.

Analytical Strategy

The purpose of an analytical strategy in qualitative research is to make sense out of the text and image data collected during the data collection phase of a study (Creswell, 2014). Qualitative data analysis requires systematic scrutiny of the various processes, moments, and stages throughout the qualitative research process (Ravitch & Carl, 2016). A primary goal of analyzing qualitative data is to focus on what participants say, how they say it, and the context in which they say it (Ravitch & Carl, 2016).

The first step in completing analysis on qualitative interviews is to transcribe and summarize the interviews (Rubin & Rubin, 2012). The next step, according to Rubin and Rubin (2012), is to mark in the transcription, the excerpts that can be coded together that are similar themes, concepts, events, names, or examples. Then the data is sorted and then resorted into the various codes and a summary of each code is written. Weighing the different versions is the next step and then the descriptions can be integrated and summarized into a theory and a conclusion drawn from the research data. After the conclusion has been drawn to summarize and contextualize the data collected, the theory should be retested so that the conclusion can be generalized beyond the individual case of the research study.

Qualitative validity refers to the accuracy of findings (Creswell, 2014). Some validity strategies include triangulation, member checking, clarifying bias, peer debriefing, and using an external auditor (Creswell, 2014). I utilized data triangulation by exploring the subject of the research question from multiple perspectives (Ravitch & Carl, 2016). Data triangulation is defined as intentionally seeking, collecting, and analyzing as many different data sources that relate to the focus of the study as possible (Ravitch & Carl, 2016). Data triangulation is considered more indepth than methodological triangulation (triangulation utilizing only one method) because it includes multiple methods of data collection, which may lead to a greater variety of perspective-taking opportunities in the analysis (Ravitch & Carl, 2016). The multiple data sources that I planned to collect and analyze through data triangulation were:

- Public facing published information that is available online

- Secondary documents from the organization
- Emails between myself and the BHL
- A transcribed preliminary fact finding meeting with the BHL
- Multiple qualitative interviews with the BHL

Of these planned sources of data, I was able to use the preliminary fact finding meeting with the BHL, public facing published information available online, and emails between myself and the BHL.

I completed member checking by presenting the findings of this report back to the BHL and by providing a copy of the transcribed interview with the BHL. I clarified my bias as a BHL conducting this study. I used peer debriefing each week in group posts. Each week, my peers in my cohort could review my work, ask questions, and make suggestions. I was able to have this group of scholar-consultants provide me feedback on the study. My work was externally reviewed and approved by my chair, second committee member, URR, the program director, as well as a private editor that I have hired to edit and review my work before submitting it for approval.

Archival and Operational Data

In this study, I utilized information from the organization's website, email correspondence with the BHL, and a preliminary fact finding meeting with the BHL. This information is relevant to the practice problem of the study because it gave me information about the organization and how it operates. The secondary documents were requested from the BHL but I neither received nor stored them. The BHL signed

informed consent to participate in this study. The organization's website is open and available to the public. No historical or legal documents were used in this study.

Evidence Generated for the Doctoral Study

The BHL met with Walden University to review the expectations and agreements of participation in the study. The BHL signed informed consent consenting to the participation in the study and interviews. The BHL scheduled through email to have an audio recorded preliminary fact finding meeting for introduction and to narrow down the practice problem and learn about the organization's need for the study. The BHL consented for the preliminary fact finding meeting to be audio recorded and for me to transcribe the interview.

Participants

The BHL is the sole participant who will contribute evidence to address the practice problem and research question. I chose to interview the BHL because the focus of my research is on understanding their lived experience. The BHL is the only member of leadership at Organization X.

Procedures

I obtained IRB approval to complete this study. Walden University's ethics approval number for this study is 03-04-21-1003194. I planned to complete semi structured interviews with the BHL. The BHL was informed that interviews are scheduled for one hour and that the interviews would be conducted electronically with voice only recording. I audio recorded, transcribed, and code the initial fact finding meeting with the BHL's permission. I sent the transcription to the BHL via email for

accuracy. All identifying information about the organization was omitted from the capstone study. File names of transcriptions, the transcription, and the coding will refer to the organization as “Organization X,” and not disclose the name of the organization. Names of other organizations that may identify the state that Organization X does business were omitted. Names of specific employees were redacted from the transcription and replaced with “Therapist A,” “Therapist B,” “Therapist C,” and “office manager,” as pseudonyms.

I used open coding to analyze the preliminary fact finding transcript by highlighting in varying colors the chunks of data, words, or phrases. I then used axial coding to create patterns and themes from the codes. I created some code sets.

I requested the following secondary documents from the BHL of the organization: policies and procedures manual, accountability procedures and forms, employee annual review form, exit interviews, strategic plan, hiring process and interviewing questions, written warming process, and auditing procedures. These documents were not available from the organization. The organization's website provided preliminary data to help me to understand the service offerings, means of communicating with clients, and technological processes of the organization. Emails between myself and the BHL provided additional information regarding the BHL's communication style, challenges within the organization, and clarifying additional data such as pay structure for clients, insurance types, and security issues.

The data collected was stored privately. The audio recording and the transcription were uploaded to a password protected personal laptop. No one else had access to this

laptop or its password. The audio recording, transcription, emails, and secondary data will be securely stored for five years post study completion following Walden University's policies.

After five years post study completion, the emails between myself and the BHL will be deleted. The audio recording and transcription will be electronically deleted at the end of the preservation period. All the data I have collected is digital, so no shredding was required.

Summary and Transition

Section 2 contains a review of supporting literature related to behavioral health leadership factors for mental health and wellness. The organization’s leadership strategy and assessment were analyzed, the clients and populations served were explored. The research design was described. In Section 3, the organization's workforce, work processes, organizational knowledge, and organizational performance are reviewed and analyzed.

Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

Introduction

I was inspired to complete this study by the practice problem "What factors contribute to a behavioral health leader's mental health and wellness?" Through this study, I sought to fulfill the purpose of examining the organizational factors contributing to mental health and wellness in the behavioral health leader of a for profit mental health counseling agency. I attempted to contribute to positive social change by exploring the following research question:

RQ1: What are the organizational factors contributing to mental health and wellness in behavioral health leaders?

Sources of evidence obtained were a preliminary fact finding meeting with the BHL, emails between the BHL and myself, and the organization's website. The secondary documents requested were the policies and procedures manual, accountability procedures and forms, employee annual review form, exit interviews, strategic plan, hiring process and interviewing questions, written warming process, and auditing procedures. Two semistructured qualitative interviews were scheduled with the BHL; however, the BHL was unable to attend.

Analysis of the Organization

Organization X's workforce includes the BHL, the office manager, and the mental health therapists. Clients can either sign up for services on the organization's website or they can call the office manager to be enrolled. Clients who have signed up on the

website are also able to schedule their sessions online and choose their mental health therapist from the biographies on the website. Client appointments are scheduled and tracked in the organization's EHR app, and they are sent to billing by the provider at the end of each day.

Supportive Workforce Environment

Many benefits to the organization can be obtained by intentional intervention to create a supportive workforce environment by BHLs. Benefits include reduced absenteeism by employees because of sickness or accidents at work, reduced undesired employee turnover, improved engagement, increased productivity, maintained resilience in employees, and improved reputation of the organization (Day et al., 2014). Workforce design to become more patient centered requires early involvement of employees, input from those receiving the care, and measuring progress toward established objectives (Barron-Hamilton, 2018). Ethno-cultural diversity in healthcare organizations has many long term, measurable benefits to organizational outcomes (Etowa & Debs-Ivall, 2017). Leadership commitment, diversity policies, organizational culture, and resources to support diversity initiatives are four important themes of the current literature regarding ethnocultural diversity in the workforce.

Supervisor support training interventions were shown to improve psychological health, physical health, and work outcomes in service members in 35 organizations (Hammer et al., 2019). A systems approach to workforce development is optimal for creating an effective workforce (Roche & Nicholas, 2017). By contrast, Roche and

Nicholas (2017) state that the model of "train and hope," is unsustainable. A systems approach is recommended as an alternative.

High Performance Work Environment

The mental health counselors at Organization X, including the BHL, professionally support people with a mental health diagnosis. Those who care for people with mental health diagnoses have been shown to engage in health risk behaviors themselves (Bailey et al., 2019). Seventy-four-point eight percent of those studied reported inadequate fruit and vegetable intake and 57.6% reported inadequate physical activity. Those participants who were not married at the time of the study were more likely to consume inadequate fruits and vegetables than those participants who were married at the time of the study. Of the caretakers studied, 56.3-89.2% reported a desire to stop these risky health behaviors. Whereas Bailey et al. (2019) focused on caretakers, many studies have been completed on the personal and professional growth of mental health professionals.

Mental health providers experience both positive and negative aspects of working with clients with complex psychological trauma (Coleman et al., 2021). Many clients have experienced trauma in their lifetime. Working with clients who have experienced complex psychological trauma is challenging for clinicians personally and professionally and the risk for vicarious trauma is increased. Some challenges of working with clients with complex psychological trauma as a clinician include higher rates of burnout and compassion fatigue. Coleman et al. (2021) explained what a provider's supervisor can do to improve a clinician's chances of experiencing posttraumatic growth along with a client

and achieve professional growth as a result. Appropriate connection and separation from client experiences, the clinician's awareness of how their perceptions might make them more suspicious or think of things more pessimistically than they otherwise would, the ability to make meaning of experiences, clinician awareness of their desire and temptation to try to resolve unjust situations in the client's life and the clinician's pursuit of personal and professional growth.

Self-management strategies focused on employee empowerment helps employees living with anxiety or depression as well as improving the experiences of managers living with anxiety or depression (Meunier et al., 2019). Self-management strategies set boundaries, improve the ability to set work-life balance, enhance the ability to identify sources of stress, improve the ability to establish and maintain positive relationships with leadership and coworkers.

Planning activities to reduce stress is a way for managers to promote employee mental health (Glennon, 2021). *Green exercise* interventions involve gardening and time in nature and improve staff health and wellbeing and address workplace challenges such as low morale, turnover, workplace health issues, absenteeism, and reputation damage to the organization (Christie et al., 2020). Five core themes of green exercise interventions are as follows: nature-based activities provide an escape from work stress, increased social connectedness, improved health, and wellbeing in participants, increased self-empowerment and inclusivity.

Performance development involves the growth of an organization through the personal growth and learning of its team members (NIST, 2017). Personal growth

develops organizational performance by creating employees who can enhance their work skills through learning and development both personally and professionally (NIST, 2017). In a small enterprise, stress levels in team members may be increased, however, active engagement of leadership in agencywide stress management training interventions can have a positive impact on team member's reported stress levels at work (Lehmann et al., 2021).

These factors were to be explored in the semistructured interviews that were scheduled with the BHL. The organization's approach for engaging the workforce would have given me insight into my practice problem of exploring the organizational factors contributing to mental health and wellbeing in BHL's organization because the way that the BHL takes care of personal health and wellness may impact the way that the organization systemically cares for the health and wellness of team members. Additionally, the structures of an organization that supports mental health and wellness for employees, may also positively impact the BHL.

Design, Management and Improvement on Key Services and Work Processes

Organization X holds regularly scheduled staff meetings. Two factors that can increase a meeting's likelihood of producing innovative improvements to key services and work processes are: separating the meeting context from the institutional and creating ambiguity in the conversation (Thunus & Walker, 2018). Clinician crowdsourcing strategies can be intentionally implemented by behavioral health leadership to increase team member participation in the strategic service improvement and work processes by double (Stewart et al., 2019).

Effective Management of Operations

Leadership is the most important organizational factor for knowledge management systems success in health care organizations (Ali et al., 2017). Knowledge content quality is the most important system factor for knowledge management systems success in health care organizations (Ali et al., 2017). When leadership promotes knowledge management and positively upholds the knowledge content quality, the combination of these two most important factors results in improved patient care outcomes (Ali et al., 2017). The BHL, as the owner and sole manager of Organization X, is the most important factor in the effective management of operations and knowledge management.

Knowledge Management

Measurement, Analyzes, and Improvement of Organizational Performance

Leadership, management practices, and administrative approaches are all positively consistent with healthcare system performance in organizations (Al-Habib, 2020). Organizational leaders who focus on creating systems and analyze outcomes based on the concept of providing value are necessary for the continued future of health care services (Al-Habib, 2020).

Knowledge Assets, Information, and Information Technology Infrastructure

Knowledge management tools are useful in response to the need for monitoring and supporting employees (Aradati et al., 2019). Processes for organizing, storing, sharing, and communicating knowledge assets and information across an organization lead to higher efficiency and productivity within the organization on the measures of the

time it takes to resolve problems and increased ability for the first contact from the organization to resolve the problem without the need to involve another level of leadership (Aradati et al., 2019). Organization X utilizes an EHR software to store client notes and records, to track sessions and billing.

Summary

In section 3, I presented a review of the literature on building an effective and supportive workforce environment, engaging staff to achieve a high performance work environment, design, management, and improvement of key services and work processes, management of operations, and knowledge management. Measurement analysis and improvement of organizational performance and management of organizational knowledge assets, information, and information technology infrastructure were reviewed.

Section 4: Results—Analysis, Implications, and Preparation of Findings

Introduction

Organization X is an independently owned for profit mental health counseling agency located on the Eastern Seaboard of the United States. The organization has experienced several organizational challenges that have the potential to contribute to the mental health and wellness of its BHL. Challenges expressed by the BHL in the preliminary fact finding meeting on September 29, 2020, were as follows:

- How quickly incoming client phone calls and emails were returned by the office manager.
- Which phone number was given to clients regarding billing questions.
- How frequently the claims for the day were sent out (batched).
- How the BHL and the office manager communicated when a team member was unavailable for appointments because of traveling.

Organization X decreased in its number of employees between September 2020 and September 2021. In September 2020, the BHL reported employing 10 mental health therapists. In September 2021, the organization's website indicated four mental health counselors were employed by the organization.

Sources of Evidence

Data for this study were collected via a recorded and transcribed preliminary fact finding meeting with the BHL on September 29, 2020, email correspondence between the BHL and myself, and Organization X's website. Data were coded and triangulated to analyze the multiple data sources. The Baldrige excellence framework (NIST, 2017) was

used as a guide to analyzing data. In the next sections, I present the analysis, results, and implications of this study.

Analysis, Results, and Implications

Analysis of Client Programs, Services, and New Initiatives Effectiveness Results

During the initial fact finding phone meeting in September 2020, the BHL identified client programming and services related to new initiatives that included the addition of telehealth to the organization, purchase of phone call tracking software, and the installment of a client check-in kiosk. A theme emerged of relying heavily on technology to ensure client quality of care.

The BHL expressed the following: "So, the system, it's a race. I need to find systems that are smarter than my team is stupid," (BHL, personal communication, September 29, 2020). Technological initiatives appear to work well to identify problems that otherwise might go unnoticed, however, the BHL's main frustrations stem from "user error," because "people are stupid," and cause the BHL's technological systems to fail to deliver the client quality of care experience that the BHL is a "freak," about.

Implementation of Telehealth

Telehealth clinical services were implemented in April 2020 as a way of limiting exposure to the COVID19 virus. The organization quickly adapted to this new initiative. The BHL provided clinicians the choice to see clients in the office or to provide services by telephone or via video on the internet using Zoom or other teleconferencing software programs. The BHL "decided to let each person decide what they felt comfortable doing. Nothing was mandatory." The BHL allowed clients to choose if they wanted to come into

the office or if they preferred telehealth. Client consent was implemented to limit risk to the organization and decrease liability should a client conduct COVID19 from a session at the office (BHL, personal communication, September 29, 2020). The telehealth usage rate increased from 0% in April 2020 to 65% in September 2020.

Because the organization was already cloud based and the BHL was not working from an office location before COVID19, the transition to telehealth was not a challenge other than the clinical challenge of doing therapy virtually and the potential of missing out on body language, the "vibe of the room," and the increased challenge of extraneous distractions during sessions. The BHL indicated that distractions were especially challenging for younger therapists of Organization X and younger clients (BHL, personal communication, September 29, 2020).

At the time of the preliminary fact finding meeting, the BHL expressed frustration that Organization X had opened a second office location right before the start of the COVID19 pandemic that was then unused because of the pandemic and most sessions being hosted via telehealth. The office space was expensive for the organization because of the continued responsibility of paying rent for an office that they were not using.

Technology to Address Administrative Concerns

The BHL (personal communication, September 29, 2020) expressed dissatisfaction that phone calls, emails, and client requests through the website were not being answered or returned as quickly as they would like because the office manager was working from the beach, in the grocery store during work hours, or would just forget to contact the client back or to complete client requests. In response to the concern about the

office manager's lack of responding to phone calls, the BHL invested in a phone tracking system to monitor missed calls, the duration of phone calls, and when phone calls were returned.

The BHL wanted phone calls, emails, and website requests to be handled within 1 hour of the client's request (BHL, personal communication, September 29, 2020). The BHL (personal communication, January 21, 2021) reported that there is no written job description, nor policies and procedures manual, written training documents, audits, or employee reviews through which this 1-hour response time is documented or reviewed. The BHL (personal communication, September 29, 2020) reported that they check the phone system at random intervals during the day. If the BHL sees a missed call, they will send a screenshot of the image and text it to the office manager before "getting nasty," because the office manager may respond that the client's issue had been resolved via email or some other method of communication.

However, the office manager may say, "Oh shit, my bad," and promise that they will call the client back (BHL, personal communication, 2020). The BHL will then check back in after 5 minutes and that if the office manager does not call the client back, the BHL will. Completion of tasks that are not part of the BHL's job is a barrier to expanding the organization. The BHL expressed fear is that client care will suffer without the BHL being present all the time and doing all of the actions.

Maintaining the quality of care is very important to the BHL, who becomes very frustrated when clients do not have the experience they deserve or are not treated as though they matter (BHL, personal communication, September 29, 2020). A situation

was shared in which a client who ordered a superbill for insurance reimbursement on the website and when one was not sent to them by the office manager, the client called in and did not receive a return call, so the client emailed and finally notified the BHL. The BHL always reminds the office manager verbally to complete tasks who may respond by saying "oh shit," but even after being reminded, may not complete the client's request.

Even though if calls are not being returned in a time frame that is acceptable to the BHL, no accountability system is in place. In addition, there is no standardized time frame for returning phone calls, so the expectation is not clear. Another challenge is that there are no standardized expectations on where and when employees can work. If the office manager is free to be at the beach or elsewhere, such the grocery store, during working hours, the ability to return calls within an hour is unlikely.

The BHL made a distinction between the office manager's job and a "desk job with a landline." The BHL appears to believe that the phone software is an adequate replacement for structure and expectations of the job for where the office manager needs to be at various times. The phone software appears to be a step in identifying problems, but the frustration arises because there is no system in place to resolve problems and the BHL ends up taking care of the problem.

The BHL expressed a need to find software that monitors when an email is read and when a response is made. The challenge with relying on technology instead of an accountability system is that the technology software would cost money and no process exists for getting the emails read and a response made. I feel that email software might

result in the same frustrations as the phone call software does. An email monitoring system would identify problems but not resolve them.

Installment of Client Check-in Kiosk

The BHL identified a problem that became a new initiative in which a clinician was in their office and did not know that a client had entered the waiting area. Because other businesses also occupy the building, sometimes first time clients would think that they were in the wrong place or that they mixed up their session times (BHL, personal communication, September 29, 2020). This resulted in missed session time due to waiting in the waiting room.

In response to clients complaining about having to wait for their session, the BHL rented a kiosk so that clients could use it to check-in when they arrived in the waiting room. The kiosk texts the provider's phone when the client has arrived. However, if a new client does not know which provider they are scheduled with or if the provider does not check their phone for texts, the client still waits in the waiting room for the clinician. The monthly kiosk rental adds an extra cost to the organization and clients do not always check themselves in and rarely check themselves out at the kiosk.

Analysis of Client Focused Results

The only interview that I was able to conduct took place in September 2020. I was unable to schedule a follow up interview with the BHL in 2021. The BHL canceled two follow up interviews and therefore, I was unable to gather information about client surveys or the ways that they clinically measure client success and clinical outcomes. Google searches on Organization X, the BHL, Healthgrades, and psychologytoday.com

did not yield any client reviews. A search on indeed.com and glassdoor.com did not yield any former employee reviews. Social media, third party surveys, and customer satisfaction or dissatisfaction surveys through the mail or personal contact are all ways to listen to client focused feedback (NIST, 2017).

Listening to the voice of the customer in ways that are innovative and proactive is key to client engagement (NIST, 2017). Conversations gained through the feedback process can help keep an organization relevant to serving the needs of the clients. Information about the organization's strengths and weaknesses from the perspective of the customers (clients), can help the BHL keep the organization competitive and focused on current and new initiatives. Engaged clients can increase retention and referral of others to services offered.

Client Service Challenges

The BHL expressed a personal opinion on the quality of care for clients by stating that

> I am such a freak about maintaining the quality of care and making sure everybody feels like they're understood on both sides, the billing side and the therapy side. I'm such a freak about making sure that clients feel like they matter. (BHL, personal communication, September 29, 2020)

Many of the frustrations expressed by the BHL related to disruptions to the client experience. For example, the BHL expressed that a client complained about ordering a superbill for insurance reimbursement from the website, getting no response, calling in and emailing in, and getting no response. The BHL said, "I go through some things and

I'll check on something and say 'Hey, [Office Manager], did you send the superbill?' and the office manager will respond with "Oh shit." The BHL reported that client complaints were both from current and former clients, but that Organization X does not have a formal process to seek and process client feedback (BHL personal communication, January 12, 2021). Client complaints or negative experiences are resolved by the BHL verbally by reminding employees repeatedly to complete the task or contact the client back, or the BHL completes the task personally. Client complaints that do come in are taken very seriously by the BHL, however, no process is in place to ensure that employees follow through with a resolution.

Administrative Communication Challenges

The BHL (personal communication, September 29, 2020) described another situation that negatively impacted a client experience,

> I got a text earlier today, [Office Manager] said that [Therapist C] took off and didn't tell her, so [Office Manager] booked the client for [Therapist C]…[Therapist C] didn't tell us that they were traveling so [Office Manager] had to call…and say 'Oops, sorry, no we don't,' that's terrible practice. Terrible.

When asked about the procedure when someone goes on vacation, the BHL stated that

> I let people take off whenever they want. I have enough people now I don't need any person to work a set amount of hours. If you want to take off, take off all you want. You're not getting paid from me.

The unwritten rules appear to be that employees do not have any expectation of communicating with the BHL or the office manager when they are taking time off. No

restrictions exist on vacation time frequency or duration. Because no job description exists for therapists or no policies and procedures manual, a team member is not breaking any rules. However, the situation impacts a client's experience and creates frustration for the BHL.

Organizational Growth Challenges

Regarding organizational growth challenges, the BHL espoused:

> If I'm not physically there and I mean physically there watching them, making sure that everything is okay, there's really a ton of mistakes. I mean, a ton of mistakes and just forgetfulness about reviewing intake forms before sessions. I can only do so much for them. I couldn't help but think the quality of care would just diminish greatly if I'm hiring people," and later in the interview ", I'm thinking the quality of care is my hesitation with getting too big. (BHL personal communication, September 29, 2020)

The BHL additionally stated “My problem is I personally wouldn’t be there to watch everybody. I recognize what a complete jackass I sound like right now, but that’s kind of how my life is, that’s kind of how it is.”

Although there are many technological expenses (BHL personal communication, September 29, 2020) as well as many empty offices available with two physical locations, the BHL is hesitant to grow the organization and hire more people. The BHL noted the need to grow the organization and stated,

> In real life, though, I have openings right now, if we get jam-packed and there's no (clinician) availability and I have to hire somebody else, that process is so slow…just getting here has been such a crazy incline, uphill battle.

Analysis of Workforce Focused Results

An engaged workforce has a desire to accomplish the organization's mission and vision (NIST, 2017). Organization X does not have a written vision, mission, or purpose statement (BHL, personal communication, January 12, 2021). All organizational activities and decisions should be guided by the values, strategies, and expectations set by senior leadership (NIST, 2017). All information gained through the experience of creating and running Organization X is accessed and processed directly through the BHL.

The BHL is responsible for nearly all decision making at Organization X (BHL, personal communication, September 29, 2020). Sharing knowledge encourages a workforce to be able to take intelligent risks and be creative in problem solving and serving customers (NIST, 2017). Not having written strategies, policies, or procedures manual for employees to follow contributes to the BHL's mental health and wellness. The BHL tends to make all of the decisions within the agency and feels that team members will make the wrong decisions.

Employee Accountability Challenges

During the September 29, 2020, preliminary meeting, the BHL expressed frustration that clinicians were not "batching," their sessions at the end of each day. Batching signals to the billing system that a session occurred and that the claim can be

billed to insurance or the client. The BHL personally checks that providers have batched their sessions for that day. The BHL expressed frustration by noting the following:

> I've told Therapist A, eight times 'don't forget to bill this person'…and then I see at the end of the day, [they] didn't batch at the end of the day…the difficulty is having these people follow the very, very simple protocol…user error is the hardest part [of the BHL's job].

The BHL (personal communication, September 26, 2020) expressed challenges with the office manager following up with client requests that come in through the website, email, and voicemails.

> A problem is that…it (a website request) goes to [Office Manager]'s email, not mine. She'll get a thing and then they won't do it…she's in the grocery store and doesn't answer it. Now we have a client who requested online and then they called and then they don't get somebody when they call, that's terrible practice because you feel like…nobody's working with me. About a month ago, a longtime client who pays full fee every time…requested a superbill…we're talking about thousands and thousands of dollars…through the website and they ignored it and they called and then she gave him the wrong one…it's user error.

Add summary to fully conclude the section.

Accountability System Challenges

When asked about what happens in terms of accountability measures for employees, the BHL (personal communication, September 29, 2020) stated, "A disciplinary accountability system doesn't exist. It is really all verbal and it's really my

clinical judgment to decide if I want this person on my team or not. If I have to remind someone verbally over and over, I have to really have a look at, is this a longterm thing? If someone can't tap their phone for 30 seconds (to batch their sessions for the day), because that really is genuinely…the only thing I ask, show up for your appointment, charge them when you're done and then you're good."

The creation of strategies, systems, and methods that require accountability is key to ensuring ongoing success for the organization, its employees, and clients (NIST, 2017). According to Lyamu et al. (2016), selective accountability is a symptom of a lack of alignment between business analysis and business architecture. When business analysis and business architecture or structure are not in alignment, an organization's performance and ability to complete objectives are affected. The BHL needs to define both an organization's architecture and an organization's business analysis and then ensure that both are in alignment with one another and clear to everyone in the organization.

The BHL (personal communication, September 29, 2020) expressed discomfort to having accountability measures: "I really can't get there mentally to have a crystalized set of rules." When asked if a crystalized set of rules would be beneficial in resolving the challenges, the BHL stated, "I don't because I used to own a [other type of business] and I did (have set of rules) and there was a high turnover rate." The BHL's discomfort with an accountability system appears to be rooted in difficulty with the many exceptions to the rules that might exist such as "if you don't show up for one appointment, you're fined $500, just for example that's pretty crazy, but just for an example. I inflict this and they

call me well, I got in a car accident. It's almost as if you're taking away the vast possibilities of different scenarios.” In the same communication, the BHL similarly stated, "I feel like that's such a fluid, everybody's so different and there's so many different scenarios and possibilities. I really can't get there mentally."

Additionally, the BHL (personal communication, September 29, 2020) appears to have difficulty imagining what types of steps or consequences would be appropriate within an accountability system. The BHL described a couple of facetious examples of disciplinary action plans: “you have to run six laps around the building,” or “if you don’t show up for one appointment, you’re fined $500,” and “I know to inflict physical…no I’m just kidding,”

The BHL (personal communication, September 29, 2020) referred to a disciplinary action system as playing games and noted, "If it were to happen again, I'd probably just fire them. I wouldn't play games; I'd probably just get rid of them." This statement along with "it's my clinical judgment to decide if I want this person on my team or not," appears to indicate that the BHL is able to fire people when needed to keep accountability in place. However, in contrast, the office manager that consistently did not complete client facing tasks had worked at the organization for a year and two months at the time of the interview and had not been fired. Additionally, when the website was retrieved on September 26, 2021, Therapist A was still employed at Organization X. Although the BHL stated in the meeting that games would not be played and people would be fired, actually, the BHL may have a difficult time doing so.

The BHL's difficulty with an accountability process may be tied with a decision to talk about an issue at a team meeting instead of addressing it directly with the individual team member who did not follow the unwritten rule of the organization. For example, when a therapist had given a client the office manager's cell phone number instead of the office phone number to ask a billing question, the BHL chose to say, "One of you in here gave the office manager's personal phone number," at the team meeting in place of speaking directly with Therapist A about the situation. Although the BHL will remind the office manager and therapists repeatedly to complete tasks but does not discuss with them what will happen if they do not do what is expected. The BHL needs to become more comfortable with conflict by directly addressing these issues with employees and by setting clear expectations of what is to be done and what will happen if they are not completed.

Another factor in the BHL's discomfort with accountability measures is that the BHL reported being too busy to follow through on commitments such as the scheduled interviews with me: "Sorry, I had a client needing a pop-up session," (BHL, personal communication, May 16, 2021) after not attending the first interview scheduled for May 14, 2021, and "I apologize for scheduling and missing two meetings. Clearly, I can't promise I will prioritize meetings over pressing issues throughout the workday," (BHL, personal communication, June 6, 2021) after not attending the second scheduled interview on May 27, 2021).

Analysis of Leadership and Governance Results

Burns (2017) described three styles of harmful leadership: abusive, bullying, and toxic. Based on Burn's, I would characterize this BHL as having an abusive leadership style based on self-described actions of firing team members without an agreed upon plan of action to try to resolve the issue, and self-described name calling employees (angry tantrums).

The BHL described team members as "stupid," four times during the preliminary fact finding meeting: "people are stupid," and "when I say human stupidity, I mean that from the bottom of my soul…I need to find systems that are smarter than my team is stupid," and "you can't fix my stupid team," (BHL, personal communication, September 29, 2020). The BHL described this viewpoint of team members as a result of having changed from being a sole practitioner into becoming an owner of a for profit organization and trying to manage other clinicians. The BHL stated: "I started as this bleeding heart, I'm going to save the world, everybody's perfect. And then when you own a thing, you kind of lead more toward this bitter owner kind of vibe of everybody's stupid."

Behaviors exhibited by the BHL appear to fall under the abusive leadership style factor of condescending and patronizing as described by Wang et al. (2019). Wang et al. defined abusive leadership as engaging in sustained verbal and nonverbal hostile behaviors. An abusive leadership style according to Wang excludes physical or sexually abusive behaviors. The BHL alluded to physical punishment for work errors but stated later that this was just joking (BHL, personal communication, September 29, 2020).

Despite their current abusive leadership style, the BHL of Organization X appears to have a proclivity toward a laissez-faire leadership style by not wanting to micromanage employees. The challenge appears to be that the BHL has not set the boundaries on what the core expectations and regulations are for the providers so that they know where they can make decisions for themselves and where they cannot. The BHL's leadership style causes challenges with employees because they are given free rein, but gets upset when the employees violate an unwritten rule such as traveling too much, taking too much time from work, not being available to clients during certain times, and not batching billing at the end of the day. No clear expectations exist in writing and no accountability systems for ensuring that work tasks, if neglected, have the potential to harm the company or clients. If the BHL is willing to set core expectations in writing, employees may be well served by a laissez-faire leadership style.

According to Schmidt and Groeneveld (2021), when faced with the task of implementing cutbacks in a public organization, the highest levels of management tend toward the use of crisis leadership. Crises are events that threaten the core values of an organization, have a limited timeframe, and are uncertain in nature. The BHL of Organization X is at the highest level in the hierarchy of the organization and tends toward the crisis leadership style

Supervisor support training interventions were shown to improve psychological health, physical health, and work outcomes in service members in 35 organizations (Hammer et al., 2019). A systems approach to workforce development is optimal for creating an effective workforce (Roche & Nicholas, 2017). By contrast, Roche and

Nicholas (2017) stated that the model of "train and hope," is unsustainable. The train and hope approach appears to be the way that Organization X has been operating.

Analysis of Financial and Marketplace Performance Results

The Baldrige excellence framework suggests measuring financial and budgetary performance matters by return on investment, operating margins, and profitability (NIST, 2017). Financial viability can be measured by liquidity, debt-to-equity ratio, cash, and other value of tangible assets (NIST, 2017). Comparing measures of financial viability regularly with those of the general market for mental health counseling services and other groups is recommended (NIST, 2017). Indicators of market performance such as market share and market share growth, market position, and new markets to be entered or explores are recommended to be utilized in organizational strategy (NIST, 2017).

The therapists at Organization X do not bill private insurance, nor do they accept public insurance such as Medicaid or Medicare (BHL, personal communication, January 12, 2021. No sliding fee scale is offered for those clients who may not be able to pay the going rate. Clients pay a private pay rate of $150 per session and can request a superbill online to submit to their insurance companies for reimbursement.

Implications From the Findings

The BHL may utilize the findings of this study and the recommendations to follow to adjust some of the organizational factors contributing to their mental health and wellness. Based on the findings of this study, BHLs at other organizations may be able to explore the organizational factors that contribute to their own mental health and wellness. Individuals may not relate with all the issues at Organization X; however, BHLs at other

organizations may have some that resonate with them. Behavioral health therapists who plan to start a sole proprietorship for-profit organization can consider the suggestions in this study as they are creating their systems and processes in their organizations.

Other organizations may be able to utilize this study to look at the factors that might be contributing to the mental health and wellness of their leaders. A practical plan of suggested interventions is outlined in Section 5. Other organizations may be able to utilize the pieces that apply to their organizations to take action to improve the mental health and wellness of their leaders as well.

Potential Implications for Positive Social Change

The potential implications to positive social change from the thoughts, plans, or discussions that this study might trigger, are the potential for BHLs to have increased mental health and wellness. Increased mental health and wellness in BHLs could contribute to more sustainability within mental health organizations. Mental health organizations that are sustainable can provide needed mental health services to their communities for longer periods. Those that follow the interventions and suggestions for continued innovation and systemized improvement may increase the quality of their client, workforce, and leadership care over time.

Strength and Limitations of the Study

Strengths

In this study, I adhered to best practices of qualitative research standards according to Ravitch and Carl (2016) and was externally advised by my chair, co-chair, URR, program director, and a private editor. The study is grounded in the Baldrige

excellence framework (NIST, 2017). This framework is internationally recognized as the basis of over 100 other business excellence programs. A thorough literature review was completed and the BHL subject worked collaboratively to create the practice problem and research question.

I used reflexivity to identify biases and to reflect on how my identity as a BHL may have impacted or shaped the study. I used thick description to provide context and detailed information so that the reader can conceptualize the meaning of the research as recommended by Ravitch and Carl, 2016). I increased the generalizability of the study by researching other similar studies to compare their results for continuity as suggested by Barnes et al. (2021). I conducted data triangulation to explore data from multiple perspectives as suggested by Ravitch and Carl (2016). Multiple methods of data collection help mitigate some of the limitations of a single subject case study (Ravitch & Carl, 2016). I collected data from multiple sources including a preliminary fact finding meeting with the BHL, emails with BHL and myself, public facing information both published by Organization X and externally.

Limitations

Several potential limitations to this study are described. The interview and data collected from the public facing documents and the emails between the BHL, and this scholar consultant are specific to Organization X and may not correlate to the experiences of other BHLs in other organizations. This case study consisted of a sample size of *N*=1. In a qualitative *N*=1 or single sample design, it can be challenging to complete

triangulation with only one subject (Murphy et al., 2018). The small sample size of this study may therefore limit its generalizability.

As a scholar consultant, I had to be aware of my bias and how my professional background and experience may have impacted the study and the findings. My background is in mental health counseling, and I own and operate a multicenter mental health counseling agency.

The preliminary fact finding meeting with the BHL was conducted in September 2020. The BHL of the study had committed to a scheduled date and time for a first qualitative interview but was not able to attend. The interview was rescheduled, and the BHL did not attend the rescheduled interview. The reason given was that the BHL did not have time to commit to attending the scheduled interviews. When a request was made for secondary documents of policies and procedures manual, accountability procedures and forms, employee annual review form, exit interviews, strategic plan, hiring process and interviewing questions, written warning process, and auditing procedures, the BHL stated in an email that no documents were available in writing at Organization X. The inability to conduct more than the preliminary fact finding meeting and lack of documents were limitations because the original study design included two qualitative interviews with the BHL and an analysis of the documents requested.

The potential impact of these unanticipated limitations on the study is low because of active steps to mitigate these risks and limitations. To mitigate the limitation of the small sample size, I used data triangulation by incorporating three distinct data sources (preliminary fact finding meeting, emails with the BHL, and the organization's

website) to provide a greater depth of understanding by looking at Organization X from multiple different perspectives as outlined in Ravitch and Carl (2016). I formulated thick descriptions and compared results with other similar studies to increase generalizability and transferability as suggested by Barnes et al. (2021). I utilized reflexivity to mitigate the limitation of my own professional experience and background. I integrated my program director and second committee member into the process of completing this capstone and by ensuring not to use any information attained outside of the described data collection protocol to influence the study. To mitigate the limitation of the BHL not being available for the qualitative interviews, nor having any organizational secondary documents in writing, I was able to code information from the preliminary fact finding meeting, email correspondence, and the organization's website.

Section 5: Recommendations and Conclusions

Recommendations

The organizational challenges identified by the BHL that may impact their mental health and wellness all appeared to be associated with Organization X's need for the following items:

- An employee handbook with written policies, procedures, and expectations.
- A job description for each position within the company.
- Standardized internal auditing process for required tasks.
- A formal disciplinary action process to follow when expectations are not met.

I focused on each of these recommendation sections and created specific goals that may improve organizational factors that contribute to mental health and wellness in Organization X, following recommendations by McNamara (2006). I have divided each recommended goal into active objectives with timeframes for each goal.

I considered developing change for now instead of a grand vision that might be overwhelming as recommended by McNamara (2006). In Section 5, I have presented recommendations that I believe would assist with the frustrations that the BHL expressed to me in the preliminary fact finding meeting. I have focused on recommending structures and processes and avoided focusing on personalities. In my scholar-consultant role, I did not meet with or interview the employees of Organization X; therefore, I can focus on processes that will apply to the organization, instead of focusing on individual employees and their nature, personalities, relationship with the BHL, or situations. In addition, I have focused my recommendations on a higher plane than where the issues occur as

recommended by McNamara . To this end, frustrations and challenges presented by the BHL at the employee level were addressed at the leadership and organizational levels.

I have used the criteria recommended by McNamara (2006) by making recommendations that the BHL has the power and authority to change. I formulated recommendations that should be important to the BHL by focusing on the frustrations expressed in the fact finding meeting. The frustrations of the BHL expressed in the fact finding meeting are important and should be addressed. The capstone study is different from other studies about behavioral health leadership because the motivation for change is based on how suggestions will personally impact the BHL's mental health and wellness.

This BHL and others who have experienced similar frustrations are doing the best that they can and a single person is rarely responsible for ongoing frustrations within an organization. The recommendations to follow are based on improving systems, not on improving the BHL who has shown passion and dedication to client care as many of the frustrations expressed were related to clients not being served the way that they deserve to be. The BHL will hopefully be encouraged to be open to new perspectives.

Recommended Implementation

Although this plan is proposed in a way that the BHL could implement, the amount of commitment, work, follow through, and thought that will be required to implement these recommendations does have the potential to contribute to the BHL's mental health and wellness. For this reason, I recommend that this plan be overseen by a hired independent consultant specializing in behavioral health leadership. This might help

the BHL to delegate the responsibilities of recommendations to an outside party who can focus on the implementation plan and collect data about the results.

The following is a 1-year action plan of recommended initiatives for Organization X to be completed in four phases. The recommended actions incorporate my findings on factors contributing to mental health and wellness of the BHL, a comprehensive literature review, the specific frustrations expressed by the BHL, and recommendations based on the internationally recognized Baldridge excellence framework. I have incorporated the planning, developing, operating, and evaluating management system of an organization into the objectives for each of the organization's goals. The recommended phases are as follows:

Table 3

Timeframe for Implementing Recommendations

Phase	Activity	Timeframe	Responsible Person
Phase 1	Create employee handbook	3 months	BHL
Phase 2	Create job descriptions	6 months	BHL
Phase 3	Standardize internal auditing process	9 months	BHL
Phase 4	Create a formal disciplinary process	12 months	BHL

Phase 1 Recommendations

In Phase 1, the BHL should create a handbook with written policies, procedures, and expectations for employees. A policies and procedures employee handbook is recommended to be completed electronically using a HIPAA compliant cloud based platform such as Google Drive with a business agreement (a requirement to make the

platform HIPAA compliant). Creating the policies, procedures, and expectations electronically will allow for changes and updates to be made as processes or circumstances change. Having a policies and procedures employee handbook may help the BHL communicate expectations about the way things should be handled by employees. Communicating expectations may help create the client experience that the BHL is passionate about and keep quality of care standards high. The policies and procedures employee handbook should be made available to all employees so that they can use it for reference on how to address situations as they arise without needing to consult with the BHL to make the decision for them and make the right decision in good faith.

All new employees should become familiar with policies and procedures so that they may ask clarifying questions and know where to find information or directions for reference later. Any time a change or update is made to the policies and procedures handbook, the changes should be discussed at the weekly 6:00 p.m. team meeting on Wednesday evenings. Changes in a policy or procedure should be explained to the team and provide an opportunity to ask clarifying questions. If team members are absent from the meeting, they should sign a missed meeting form stating that they have read, understood, and had the opportunity to ask questions about any changes addressed at the team meeting that they missed.

With each policy and procedure, the purpose should be stated, then the policy, and then the procedure to communicate the importance of not only the policy but also the procedure. At the team meeting, the procedure that has not worked in the past can be

identified so that employees do not try these methods as opposed to the written procedure. The BHL should not be the sole decision maker or the sole keeper of information learned throughout the experience of the company.

Phase 2 Recommendations

In Phase 2 the BHL should create a job description for each position within the organization including the office manager, licensed therapists, therapists under licensure supervision, and the BHL. To ensure that the job descriptions are in alignment with the policies and procedures, the expectations of each job should be specified. The purpose for each job task should be noted as well as a timeframe for when each task is expected to be completed. The job description should be discussed and be signed when hired to ensure clarity of expectations from the start of employment. The signed job description should be referred to during any required disciplinary action.

Some specific examples to put in the job descriptions for the office manager include how to appropriately handle phone calls, website requests for appointments or superbills, emails from clients that must be responded to within 1business hour, and so forth. The office manager must be at their computer and available to take client phone calls from 8 AM to 5 PM each day with a 60-minute paid lunch break at noon each day. The office manager is expected to check voicemails and emails after returning from lunch. The office manager will call clients who have been discharged or left on their own to provide a satisfaction survey that will provide the BHL with data.

Therapist job descriptions should specify notification of the BHL and the office manager via email at least 3 business days before taking time off from work for travel or

personal reasons so that clients may be notified by the office manager. Therapists must batch their sessions to billing at the end of each workday by 8:00 p.m. Therapists must attend the weekly team meeting each Wednesday at 6:00 p.m. If the therapist or the office manager misses a team meeting, they are to provide advanced notice and review the meeting minutes and sign the missed meeting form indicating that they have read, understand, and have had the opportunity to ask any clarifying questions about procedures. Therapists are to provide Organization X's business phone number to clients for billing concerns, not the personal phone number of the office manager.

Some specific examples for the BHL's job description include the following:

- Conduct monthly audits.
- Check the phone system for the previous day each morning for missed calls that were not returned.
- Check the batching system each morning to ensure that all claims were batched by all providers the previous evening.
- Facilitate weekly team meetings.
- Hire and train new team members.
- Provide licensure supervision for therapists working toward licensure.
- Complete disciplinary action forms when required.
- Update the Policies and Procedures Employee Handbook when changes or initiatives are implemented and then discuss at the team meeting.

Phase 3 Recommendations

In Phase 3, the BHL will standardize an internal auditing process for required tasks for each position within the organization. The internal monthly audit should be based on the job descriptions for each employee and should be in alignment with the written Policies and Procedures Employee Handbook. The monthly audit should be completed using a HIPAA compliant cloud based spreadsheet such as Google Sheets with a business agreement.

Each month, all employees should be audited based on the requirements of each of their positions. Each job requirement will be scored and weighted into a final score for the month. A minimum expectation percentage will be established and communicated for each individual audit score and for the total audit score. Any score below the established minimum acceptable score is recommended to be automatic disciplinary action. Audit dates should be scheduled for the full calendar year and on the same day and week for all months, when possible (i.e., the third Tuesday of every month). Audit consistency will allow employees to know when the audit will be and to prepare for it.

A monthly auditing system will allow for the BHL to stop checking at random intervals every day on each employee's job tasks and instead allow for checking monthly to ensure that items are getting done within the allotted timeframe. With the implementation of the audit, the first three audit scores do not count toward disciplinary action, but that the BHL will meet with each employee after each audit to discuss strategies for improving their score. It is recommended that new employees have a 3-month grace period as they learn the processes of the organization.

Phase 4 Recommendations

In Phase 4, the BHL should create a formal disciplinary action process to follow when expectations are not met. The disciplinary action form should be a standardized, written document that can be filled in when required. The disciplinary action form should note the difference between the expected behavior as contained in the job description and the demonstrated behavior. The disciplinary action form should have a selection for 1st, 2nd, or 3rd warning with any gaps between the expected behavior and the displayed behavior resulting in termination.

Strategies that the employee has tried to resolve the gap should be noted on the form along with any barriers experienced in meeting the expectation. This disciplinary action form should be signed by the BHL and the employee and stored in the employee's personnel file. The disciplinary action form should state that by signing, the team member understands that not meeting this expectation is job threatening behavior.

Providing written documentation toward resolving ongoing issues may contribute to the BHL's mental health and wellness by limiting the need to verbally remind team members to complete tasks or the BHL completing the tasks themselves. A formal disciplinary action process may contribute to the BHL's mental health and wellness by alleviating frustration for the BHL. Expectations will either be met, or the employee will have every chance to meet the expectation, or no longer work at Organization X. The BHL may be able to be confident that quality of care will be delivered and can expand the organization and hire more therapists. Hiring more therapists may allow for more clients to have their mental health care needs met at the organization.

Recommendations for Future Studies

Future studies should address decision fatigue and accountability measures for BHLs. In completing the literature review, I was unable to find substantive current research on decision fatigue specifically for BHLs. I recommend a case study with a larger sample size at a larger organization that might have more BHLs to collect data from. I recommend a follow up qualitative case study on Organization X's BHL after the recommended action plan has been completed to explore any changes that may have resulted in the BHL's mental health and wellness after implementing the suggested action plan.

Plan to Disseminate this Work to the Organization

The BHL of Organization X was unavailable to complete the remainder of the consultation process. Thus, I will present the findings and recommended plan of action to a Walden University professor that has not been a part of this study. In preparation for presenting the work to the proxy BHL, I will provide a written executive summary and make a PowerPoint presentation.

I will prepare the proxy BHL for the PowerPoint presentation by explaining the purpose of the meeting. The proxy BHL will be informed that the purpose of the recommendations is not to blame the BHL or employees for frustrations but to discuss organizational factors that could be beneficial to the BHL, employees, and clients. I will specify that the BHL is the final decision maker for Organization X and is the final decision maker with any of the proposed suggestions. I will ask in advance what the BHL

hopes to gain from the results of the research and the recommendations to ensure alignment between what is expected and what I will deliver in the presentation.

As a BHL myself, I understand how personal a sole proprietor can feel as the owner of an organization. Suggestions for change in an organization can feel very personal, so reading the suggestions several times can help to depersonalize initial emotional reactions to the information. Every organization has challenges, frustrations, and areas of growth and improvement. How a BHL seeks, copes with, and adjusts to feedback determines how an organization will grow, adapt and thrive.

At the feedback meeting, I will follow ten steps for completing the feedback meeting:

1. Welcome and brief introductions.
2. Review the agenda and goals of the meeting.
3. Describe the project, including your role and the role of the research.
4. Describe the focus of the research and research methods.
5. Explain that issues are from broken systems, not broken people.
6. Describe the issues discovered from the research.
7. Describe the recommendations.
8. Decide on recommendations and actions.
9. Identify actions and learning.
10. Evaluate the meeting.

Summary

In summary, the preliminary fact finding meeting in September 2020 revealed several frustrations that impacted the mental health and wellness of the BHL at Organization X. I have completed an overview of Organization X, a literature review of factors contributing to mental health and wellness in BHLs, and conducted, and analysis of the preliminary fact finding meeting and secondary documents utilizing the Baldrige excellence framework (NIST, 2017). Based on the personal interview and related communication and documentation, I have proposed a recommended action plan to improve the organizational factors contributing to mental health and wellness in the BHL.

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